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Original Article

Working experiences of nursing aides in nursing homes: A qualitative study



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ARTICLE INFO

Article history:

Received 15 November 2014

Received in revised form

17 September 2015

Accepted 29 October 2015

Available online 6 November 2015

Keywords:

Focus groups

Interviews

Nursing aides

Nursing homes

Qualitative research

ABSTRACT

Objective: To examine how nursing aides in nursing homes perceived their caring work.

Methods: Twenty-four nursing aides from one public and one private nursing home in Fuzhou, Fujian Province, China were selected and interviewed in focus groups. Phenomenological analysis was performed.

Results: Two themes (positive and negative working experiences) and six sub-themes were drawn: companionship, happiness, trust, achievement, hard work, and grievance.

Conclusion: A reasonable work arrangement, positive psychological intervention, and the strengthening of professional, medical and social supports are recommended to improve the work quality and satisfaction of nursing aides in elderly homes.

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1. Introduction

Populations are rapidly growing worldwide. China will also face a dramatic transition from a young to an ageing society in the next 30–40 years. In 2000, there were 88,110,000 people 65 years and older living in China, which represented 7% of the population, but has been predicted to increase to 23% by 2050 [1]. Nursing homes play a key role in providing health and

long-term care for older adults in most developed countries [2]. In Taiwan, the percentage of the elderly population expected to move into a long-term care facility upon becoming frail increased from 28% in 2005 to 42% in 2009 [3]. Nursing home care has become a popular care option for older frail adults in mainland China.

A recent online survey showed that for the first time, care of older people ranked first among issues raised by citizens [4].

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Peer review under responsibility of Chinese Nursing Association.

<http://dx.doi.org/10.1016/j.ijnss.2015.10.006>

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Nursing aides are the largest elderly care workforce that provides care to older people in residential elderly care facilities [5]. Although the education, training and qualifications required for nursing aides vary across countries, they generally possess basic vocational qualifications and require little training [6]. Nursing aides in China are primarily workers laid off from previously state-run factories and migrant workers from rural villages. They often do not have any training in elderly care or nursing home care before they begin working in nursing homes. For most working adults in urban cities, frontline jobs in nursing homes are associated with low pay, social status and prestige [1].

Nursing home care can be divided into four main categories in accordance with the health, rehabilitation, nursing, feeding, and activities of the daily living needs of older residents [1]. For example, a median of 58% of nursing home residents suffer from dementia, and among those, 78% show behavioural and psychological symptoms [7]. Nursing home care workers are increasingly challenged to provide high-quality care, as their residents have different and often simultaneous needs, in addition to their dementia-related symptoms. There are many challenges in the day-to-day work of nursing aides, as the work has been described as emotionally and physically draining [8] due to heavy physical and psychological workloads [9]. These challenges can affect patient care [10]. In contrast to many currently available studies on the residents' perspectives of care, few have considered the nursing aides' experiences from their point of view.

Interpretative phenomenological analysis is an approach to qualitative experiential research that has become increasingly popular over the past 10–15 years. This approach is rooted in psychology and recognizes the central role of the analyst in understanding participants' experiences [11]. These phenomena usually relate to experiences with personal significance, such as a major life event or the development of an important relationship. Such a qualitative approach can help improve our understanding of the phenomena being studied as individual experiences are captured, which we can analyse to understand the emotions and perceptions of nursing aides working in nursing homes.

2. Methods

This study was explorative and descriptive and used focus-group interviews for data collection. Focus groups are useful in capturing the interaction between participants who share experiences and perspectives, and in exploring beliefs and attitudes. It is thought that when people with something in common are in a group, they are more willing to share their feelings, thoughts and perceptions about the issue at hand [12].

2.1. Participants

A total of 24 nursing aide participants from one public and one private nursing home in Fuzhou City, Fujian Province, China (22 women and 2 men, aged 29–56 years old) who had been nursing aides for 2–8 years were selected through a

purposeful sampling method. The participants were from different departments of the nursing homes, and each gave informed consent.

2.2. Data collection

Participants were informed in advance, and 90-min interviews were held in July 2014 in the public nursing home's meeting room. Interviews were recorded using a digital voice recorder and note taking. Participants received empathy and a gift from our research group in exchange for their participation. The 24 participants were interviewed in one focus group session, and the first author of the study functioned as moderator and facilitated discussion. The participants were encouraged to elaborate on their thoughts and feelings of being an elderly care nursing aide using the broad open-ended question: "How would you like to describe your experience and feelings in elderly care?" The discussion was allowed to evolve by listening carefully without expressing personal views or opinions, but interactions among the nursing aides were highly encouraged. After each expression, the first author asked for clarification and elaboration and guided follow-up discussions. At the same time, the expressions and attitudes of the interviewees were observed. The process was concluded when the last interview did not add any substantially new perspectives to the collected data.

2.3. Data analysis

The interviews were transcribed verbatim. A phenomenological hermeneutic interpretation was performed to extract meanings from the work experiences of the nursing home nursing aides. The analysis was performed in several steps, as follows: 1. The interviews were transcribed verbatim and read through several times to understand and interpret the responses; 2. The text was divided into condensed meaning units; 3. The condensed meaning units were extracted and labelled with codes; 4. The codes were sorted into sub-categories and categories by comparing their similarities and differences; 5. Themes were formulated as an expression of the latent text content; 6. The transcripts were given to the participants for comment or correction.

2.4. Validity and reliability/rigor

To illuminate how elderly care nursing aides perceived their work, purposeful sampling was conducted from two different types of nursing homes, one public and one private. The managers were excluded from the interviews, and the first author first expressed his own experiences as a nurse to arouse empathy, to encourage the participants to talk about their true feelings. Initial themes were carefully reviewed by the study team. Credibility was validated through confirmation and validation of the emerging codes and categories in subsequent discussion, and through analysis by three different researchers until an agreement was reached. Furthermore, the transcripts were returned to the participants for comment.

Table 1 – Overview of sub-themes and themes from structural analysis of the text, revealing working experience of nursing aides in nursing homes.

Sub-theme	Theme
Companionship	Positive experiences
Happiness	
Trust	
Achievement	
Hard work	Negative experiences
Grievance	

2.5. Ethical consideration

The Ethics Committee of Fujian Provincial Hospital approved this study. Written consent was obtained from the interviewees, who were guaranteed confidentiality.

3. Findings

We identified two themes and six sub-themes from the structural analysis of the text (Table 1).

3.1. Theme 1: positive experiences

Most nursing aides expressed positive aspects of their work experiences, such as companionship, happiness, trust and achievement.

3.1.1. Sub-theme 1: companionship

Most nursing aides expressed that love and patience would ultimately contribute to companionship. Residents may gradually get familiar with the nursing aides and eventually try to cooperate.

“There was an old man who refused to eat at first and was afraid of others to harm him. I tried to communicate with him several times, and now though he still refused to have meals at the dining room, he promised to do so at his room when I told him I was Mei Mei.” (NA12)

Relating to the issue the nursing aid discussed above, another responded:

“This is the common fantasy of the elderly who think others may harm them and refuse to eat at the dining room. I also met such an old lady. Then I ate and slept with her together and I called her mom, so now she regarded me as her daughter and gradually began to have meals at the dining room. I believe a tender heart and patience make the elderly trust and love us.” (NA1)

As the working time increased, the nursing aides tended to show empathy toward the elderly residents.

“I used to viewing the elderly just the same as everybody else, but now I have preference to them because they have experienced so much and lived a difficult life indeed.” (NA6)

3.1.2. Sub-theme 2: happiness

Most nursing aides considered caring for the elderly as a process of offering love, during which they had a sense of happiness. They were happy to have companionship, love and praise.

“I am happy, and the elderly treat me well, just like my parents. I also like them.” (NA1)

“It's happy to chat with the elderly. Some elderly are very lovely, and what they say make us laugh.” (NA2)

“I am happy for being praised by the elderly and my leaders.” (NA7)

3.1.3. Sub-theme 3: trust

The nursing aides often gradually gained the trust of the residents after establishing a good relationship.

Because nursing aides rotate through different wards, they have to easily adapt to new places.

“I just came to work in a new ward. At first I was afraid it was not easy to get along well with the elderly there. However, one time I took a blind old man to wash his hands, and he showed gratitude to me. The other elderly said this was a trivial matter to me, but they felt my love.” (NA5)

Elderly patients, especially those with dementia, often thought their belongings were stolen. It was difficult to deal with, but the nursing aides could often change the residents' minds by offering kindness.

“An old woman often said her belongings were stolen by others. We often helped her to look for them. One time I cleaned her room; I picked up 100 RMB and returned it to her. She appreciated it and gave me some money as repayment, but I declined. From then on, she trusted me very much.” (NA3)

The residents tended to become accustomed to the caregiver who had cared for them for a longer period, so a new nursing aide must attempt to get involved.

“I tried to wash face for an elderly once, but she turned me down as soon as she saw the former nursing aide with whom she was familiar. I then convinced her to let me try one time. I did so and then washed her feet and helped her to go to bed. She felt what I did was not bad. Next time I asked if she needed another nursing aide, she refused and accepted my service.” (NA9)

3.1.4. Sub-theme 4: achievement

Caring for the elderly is difficult work. However, when the nursing aides overcame the toughness, they felt achievement.

“There was an old man who had come to our nursing home for more than two years. He was incontinent and often contaminated his trousers, so other nursing aides thought

he was tough to deal with. When I began to take care of him, I observed him carefully and took notes of his every urination and bowel moment. Then I trained him to discharge according to his schedule. As a result, now he seldom contaminates his trousers.” (NA11)

“There was an elderly who was very thin. Loosening the body restrains, his hands scratched everywhere, while tightening it, his hands might get swollen. I tried to widen his body restrains to restrict him from scratching and to keep his paper diapers and nursing pads clean, saving money and protecting the environment as well.” (NA10)

When possible, the nursing aides offered advice to the residents to improve their lifestyle.

“An elderly who had bad teeth hardly enjoyed food. After taking my suggestion to buy a food processor, she often consulted me about her diet. Now her nutritional status has been improved.” (NA13)

3.2. Theme 2: negative experiences

3.2.1. Sub-theme 1: hard work

Nursing aides considered their work to be an important process of love, some elderly were difficult to get along with, had decreased physical abilities, and some of them suffered from psychiatric symptoms. Caring for the elderly is undoubtedly hard work. Sometimes when the residents exhibited aggressive behaviour, they injured the nursing aides.

“An elderly refused to take a bath. Each time several nursing aides came together to help her, but she scratched and even beat us, wetting and even hurting us finally.” (NA18)

Some residents were self-centred, which also made caring for them difficult.

“An old man with bad temper had difficulty in walking. Being busy with other things sometimes, we asked him to wait for a moment when he asked us to assist him to walk, but he always got mad with us.” (NA14)

The stubbornness of residents also made caring for them difficult.

“For a stubborn old lady who failed to eat by mouth, we suggested her to have nasal tube feeding, but she refused even after we called her daughter. Given her poor physical status, we were very concern about her.” (NA15)

“An elderly concerned his blood pressure very much. When his blood pressure was a little high, he kept on calling, even after I had told him the doctor would come very soon.” (NA17)

The psychiatric symptoms of dementia patients caused considerable trouble for the nursing aides.

“A demented elderly had poor memory and lost self-care abilities. Every day he just followed us all the time and continuously troubled us.” (NA22)

3.2.2. Sub-theme 2: grievance

Elderly care can cause difficulties and grievance. The understanding and cooperation of family members were crucial to the nursing aides.

“I met an old painter who complained us not to feed his wife and that his belongings were stolen. I felt angry and hurt and couldn't help crying.” (NA21)

The residents might easily influence each other. For example, one resident's negative emotion towards the nursing aides tended to invoke similar emotions in others.

“There was a chain reaction among the elderly. If one elderly said the nursing aid picked his belongings, the other on the same floor would have the same feeling. Compared to direct face-to-face communication, they tended to discuss that privately. For example, someone said he had 9 apples and lost one just after the nursing aide cleaned his room. At first I did not notice this owing to the satisfactory relationship between us. I felt rather grievous when I knew this. Treating them as my grandparents, I could not take the way they treated me.” (NA24)

Some residents took their care for granted because they had paid and felt they deserved it.

“Someone thought they had paid for the nursing fees, so we should do everything to satisfy them. They might report trivial things to the leader. The elderly could not tolerate any delay, even in some unhurried cases. I was in charge of calling the elderly to have meals, always receiving complaints though, either too early or too late.” (NA23)

4. Discussion and countermeasures

4.1. Methodological considerations

Homogeneity and heterogeneity are two important aspects to consider when using focus-group interviews for data collection [13]. In this study, homogeneity was reinforced by the common experience that the nursing aides had in geriatric care. They all worked in nursing homes and had experience caring for older people. To increase heterogeneity, we selected participants from one public and one private nursing home from different units, genders, ages and work experiences. Thus, the nursing aides brought different perspectives when they were fully encouraged by the research group to participate.

4.2. Discussion of the findings

Nursing home care is unique because it requires caring for the daily needs of individual residents, but also requires considering the needs of the resident group as a whole. Nurses and residents have more complex relationships than nurses and patients in hospitals or other settings, as they have more frequent interactions for a longer period of time [14]. Our study is unique because it presents a true picture of the experiences of nursing aides in Chinese nursing homes. Nursing aide work in nursing home is multifaceted and is based on long-lasting relationships with their clients [15].

In this study, we grouped the nursing aides' experiences into the following sub-themes: companionship, happiness, trust, achievement, hard work, and grievance, which we classified into positive or negative experiences.

A majority of nursing home residents only receive weekly in-person visits from their families [16]. Therefore, the caregivers are the primary source of the residents' social interaction [17]. The daily interactions between residents and nursing aides easily contribute to conflicts, which can lead to work-related stress on the nursing aides. The negative aspects of caregiving have been well documented, including depression, poor perceived health and increased mortality risk [18,19]. Hsu et al. indicated that six factors contribute to the work stress scale, including insufficient ability, stressful reactions, heavy workload, trouble in care work, poor management, and working time problems [20]. Sutcliffe et al. showed that high carer burden was associated with the presence of neuropsychiatric symptoms in the persons being cared for, intensive supervision of the caring person by the carer, being a female carer, being an adult–child carer and the absence of informal carer support [21]. Pritchard and Brighty suggested that older adults were more commonly agitated, particularly those living in care homes and hospital settings. Agitation is a distressing experience and may be associated with poorer health outcomes, thus challenging the caregivers [22]. Schmidt et al. reported that residents' challenging behaviour-related distress had a clear impact on general health, and the risk of burnout and work ability. Furthermore, it was a significant work place stressor for nursing homes nurses and nursing aides [23]. Moreover, approximately 30% of nursing aides often felt powerless and unconfident in caring for their residents [24]. Edberg et al. [25] suggested that caregivers desired to do their best for the people in their care by trying to alleviate their suffering and enhance their quality of life. Failure to do so caused stress.

In our study, the nursing aides also described the negative aspects of caregiving, explaining that their work was difficult. In addition to caring for the patients' needs, the nursing aides should also pay particular attention to the psychological status of those in their care, as nursing home residents often suffer from chronic diseases and deteriorating health conditions. Furthermore, most nursing aides simply intended to earn their living when they started their careers, and their low education levels and lack of training made caring for patients difficult.

The meaning of caregiving has recently been elaborated by examining the positive experiences of caregivers themselves. Yektatab et al. suggested that having a positive attitude towards patients contributed to their good care [26]. Cohen et al. demonstrated that 73% of caregivers could identify at least one specific positive aspect of caregiving. An additional 20 caregivers in Canada (6.9%) identified more than one positive aspect [27]. Nolan et al. have classified the satisfactions of caring into three categories, as follows: satisfaction derived from the interpersonal dynamics between carer and cared-for persons, satisfaction derived from the intrapersonal or intrapsychic orientation of the carer, and satisfactions derived from a desire to promote a positive or to avoid a negative outcome for the care recipient [28]. Carlson et al. suggested that nurses working in elderly care perceived their professional work as holistic and respectful [15]. Additionally, the work of nursing aides has been proven valuable [29]. Cohen et al. also reported that 30.4% of nursing aides gave the highest rate on a seven-point scale when asked about their feelings about caring [27]. Their positive experiences included the following descriptors: companionship, fulfilling, reward, and enjoyment [27].

In our study, the nursing aides also expressed positive work experiences. They initially established good relationships with the patients for whom they cared and had a sense of happiness while working because they could communicate well with the residents, they were trusted by the patients and they felt fulfilled by their work.

4.3. Countermeasures

To improve the nursing aide work experience, we suggested the following to the policy makers or managers of the nursing homes.

4.3.1. Arrange reasonable work schedules

In the interview, nursing aides reported that they worked 24 hours a day, especially in the private nursing home. These long hours undoubtedly physically and psychologically burdened them. Arai et al. [30] found that nursing aides who were temporarily relieved of caregiving duties for three or more hours a day were less likely to experience 'heavier' caregiver burden than those who were not temporarily relieved. Indeed, the break from caregiving duties to spend time away from patients and to engage in activities other than caregiving is certainly a key difficulty [31]. Therefore, it is very important to allow nursing aides more time away from their clients and duties to improve their own quality of life, which will subsequently improve their caregiving abilities.

4.3.2. Positive psychological intervention

It has previously been reported that caregivers did find the caregiving experience satisfying and they described many stressful aspects [32]. In our study, the nursing aides also felt love and satisfaction from caring for the elderly. The nursing home managers must appreciate the sincere and genuine work of the nursing aides, establish a pleasant work environment, and provide the nursing aides with opportunities to

express their feelings, allowing them to speak freely about their experiences and feelings. Eika et al. [33] stated that the lack of cooperation influenced staff actions in multiple ways. Accordingly, a good work environment and teamwork are strongly recommended.

4.3.3. Enhancing medical support

Caring for the elderly, especially those that are dependent on their caregivers, is complicated and both emotionally and physically demanding. Many of the nursing aides were illiterate or semi-illiterate and had no qualifications or certification. Professional training focused on elderly care is necessary. Nursing aides should be trained in nursing, rehabilitation, and general medicine, while being provided with increased medical support and supervision to ensure high quality nursing care.

4.3.4. Boosting social support

The nursing aide population in China is prone to high turnover due to low salaries, difficult work, and insufficient knowledge [34]. Many nursing aides leave their nursing home jobs due to discouragement by their family members who dislike the low social status, pay and prestige (i.e. “losing face”) [35]. Woodhead et al. suggested that job resources (support from supervisors and friends or family, reassurance of worth, opportunity for nurturing) were associated with less emotional exhaustion and higher levels of personal accomplishment [36]. Nursing home managers should establish a suitable management model, operating mechanism and social support system.

5. Conclusions

Work stress experienced by nursing aides in nursing homes is a worldwide problem in ageing countries. Essential interventions should be performed to reduce stress by providing the nursing aides with pre-job and in-job training, reducing workloads, providing reasonable work schedules, and establishing a supportive and respectful work climate.

Ethical approval

Ethics Committee of Fujian Provincial Hospital.

Funding

The study was funded by the Fujian Provincial Government Social Key Project. The funders had no role in any portion of the study.

Author contributions

Hong Li conceived and designed the study, obtained research funding, and supervised the conduct of the study and data collection. Yan-ping Wei undertook recruitment of

participating institutions and participants and managed the data, including quality control. Ping Chen, Jin Li, Huiying Chen and Li-Li Chen took part in the focus group, Ping Chen helped to organize the participants to take part in and distribute them gifts, Jin Li and Huiying Chen took the notes of the interview. Hong Li provided statistical advice on study design and analyzed the data and chaired the data oversight committee. Yan-ping Wei drafted the manuscript, and all authors contributed to analyse the data. Hong Li takes responsibility for the paper as a whole.

Grants

This study was supported by grants from the National key clinical specialist construction Programs of China (NO.2010) and Fujian Province Science and Technology Plan Key Projects (NO.2012Y0013).

Conflict of interest

No conflict of interest has been declared by the authors.

Acknowledgements

The authors thank all of the nursing aides who participated in the study and shared their time and experience and to the nursing home managers for supporting the study.

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